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PRINCETON, NJ 08543-5312 Lori Klewin mi Kleuriu (Signature) (Date 25,2006

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FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. Jean-François Pintos PF020105 4074 10/525,181 02/22/2005 04/26/2006 BABRAHA2 00000093 070832 TITLE OF INVENTION: RLSA ANTENNA HAVING TWO ORTHOGONAL LINEAR POLARISATIONS 10525181 82 FC: 1581 **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE ISSUE FEE SMALL ENTITY APPLN, TYPE \$1400 \$300 \$1700 05/23/2006 NO nonprovisional CLASS-SUBCLASS ART UNIT **EXAMINER** 2821 343-771000 HO, TAN Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Joseph J. Laks (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Robert D. Shedd (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. Brian J. Cromarty 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Boulogne-Billancourt, France Thomson Licensing Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual Witcorporation or other private group entity 🛄 Government 4b. Payment of Fee(s): 4a. The following fee(s) are enclosed: A check in the amount of the fee(s) is enclosed. Issue Fee Payment by credit card. Form PTO-2038 is attached. EX Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-0832 (enclose an extra copy of this form). Advance Order - # of Copies ty in

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